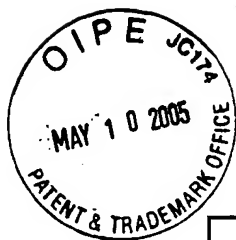




*Handwritten signature/initials*

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 2929-0260P	
Application No. 10/813,706-Conf. #8907	Filing Date March 31, 2004	Examiner G. K. Verbitsky		Art Unit 2859	
Applicant(s): Peter ANDERSON et al.					
Invention: SENSOR ARRANGEMENT HAVING AN AIR INFLOW PATTERN FOR PREVENTING DIRECT DEBRIS IMPACT					
<b>MS Amendment</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	24	- 20 =	4	x 50.00	200.00
Independent Claims	6	- 3 =	3	x 200.00	600.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>800.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Two (2) checks in the amount of \$400 each <span style="margin-left: 50px;">800.00</span> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <span style="margin-left: 50px;">02-2448</span> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 D. Richard Anderson Attorney Reg. No.: 40,439				Dated: <span style="margin-left: 20px;">May 10, 2005</span>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Rd Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8035					



PTO/SB/17 (12-04v2)  
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<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/813,706-Conf. #8907
		Filing Date	March 31, 2004
		First Named Inventor	Peter ANDERSON
		Examiner Name	G. K. Verbitsky
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2859
<b>TOTAL AMOUNT OF PAYMENT</b>		(\$)	600.00
		Attorney Docket No.	2929-0260P

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
24	- 20 = 4	x 50.00 =	200.00			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
6	- 3 = 3	x 600.00 =	600.00			

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>		Registration No.	40,439	Telephone	(703) 205-8035
Signature		(Attorney/Agent)			
Name (Print/Type)	D. Richard Anderson			Date	May 10, 2005



MS AMENDMENT  
Docket No.: 2929-0260P  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Peter ANDERSON et al.

Application No.: 10/813,706

Confirmation No.: 8907

Filed: March 31, 2004

Art Unit: 2859

For: SENSOR ARRANGEMENT HAVING AN  
AIR INFLOW PATTERN FOR  
PREVENTING DIRECT DEBRIS IMPACT

Examiner: G. K. Verbitsky

**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

05/11/2005 SZEWDIE1 00000086 10813706

01 FC:1201  
02 FC:1202

600.00 OP  
200.00 OP

Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated February 23, 2005, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.